

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V55973

1. Entity Name

HOV INC. OF MELBOURNE

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90160 002 \*\*\*150.00

Principal Place of Business

2330 N WICKHAM  
STE 11  
MELBOURNE FL 32940  
US

Mailing Address

2330 N WICKHAM RD  
STE 11  
MELBOURNE FL 32935-8184  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 593111808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HONEY, SCOTT A  
628 EL MONT ST  
PALM BAY FL 32907

7. Name and Address of New Registered Agent

Name

CHARLOTTE A HOVEY

Street Address (P.O. Box Number is Not Acceptable)

1251 MEDINA AVE. N.W

City

PALM BAY

FL

Zip Code

32907

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Lawrence B. Hovey*

LAWRENCE B. HOVEY

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HOVEY, CHARLOTTE A.	
STREET ADDRESS	1251 MEDINA AVE. NW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	HOVEY, LAWRENCE B	
STREET ADDRESS	1251 MEDINA AVE NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	CHAIRMAN OF BOARD	<input type="checkbox"/> Delete
NAME	HOVEY, LAWRENCE B.	
STREET ADDRESS	1251 MEDINA AVE N.W	
CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lawrence B. Hovey*

321-242-7766

Date

Daytime Phone #